

Alcoholism and Elderly People

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Epidemiology

- > 50% use some alcohol
 - ~10% heavy drinkers
 - 2-4% alcohol abuse/dependence
 - Men > women.
 - Declines with age
 - Up to 1/3 "late onset"
 - Some retirement communities have high rates
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In Medical Settings

- Outpatients: 5-10%
 - ED patients: 15%
 - Inpatient 21%
 - Hospitalization more common than heart attack
 - Inpatient psych: up to 50%
 - Nursing homes: Alcohol history common
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"Wunderkinder come and go, but old farts are forever."

Pharmacology

- **Absorption:** may be increased
 - **Distribution:** higher blood alcohol levels due to lower total body water
 - **Metabolism:** Little change with age
 - **Excretion:** <5% excreted unchanged
 - **Pharmacodynamics:** Some increased susceptibility to adverse effects
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History taking

- Quantity/frequency
 - Adverse consequences
 - family disturbances
 - DWI's
 - injury
 - alcohol-related illness
 - “geriatric syndromes”
 - Talk to family members also, esp. if cognitive impairment
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Classic components may present differently

- Tolerance
 - Withdrawal
 - Loss of control
 - Social decline
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Clinical Presentation

- Less trauma, more medical illness.
 - gastrointestinal disturbance
 - seizure disorder
 - poorly controlled hypertension or diabetes
 - difficulty in adjusting warfarin dose.
 - Withdrawal symptoms mistaken for other illnesses
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Geriatric syndromes may be caused by alcohol

- Dementia
 - Urinary incontinence
 - Gait disturbances
 - Depression
 - Anxiety
 - Osteoporosis
 - Failure to thrive
 - Sleep disturbance.
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*"That is not one of the seven habits
of highly effective people."*

Treatment: Heavy drinkers

- “Brief” advice

- Feedback
 - Education
 - Advice: setting limits, avoiding risky situations, strategies for coping with risky situations
 - Contracting
 - Self-monitoring: diary cards
 - Motivational counseling
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Treatment: Alcohol dependence

- Treatment at least as success as with younger people.
 - Concurrent medical problems common.
 - Psychiatric comorbidities different
 - Age-specific groups probably more effective.
 - Late onset alcoholics: situational counseling may be critical
 - AA
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Alcoholism with Dementia

- Need supervised living situation.
 - Cognitive impairment may improve over several months.
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Treatment: Withdrawal

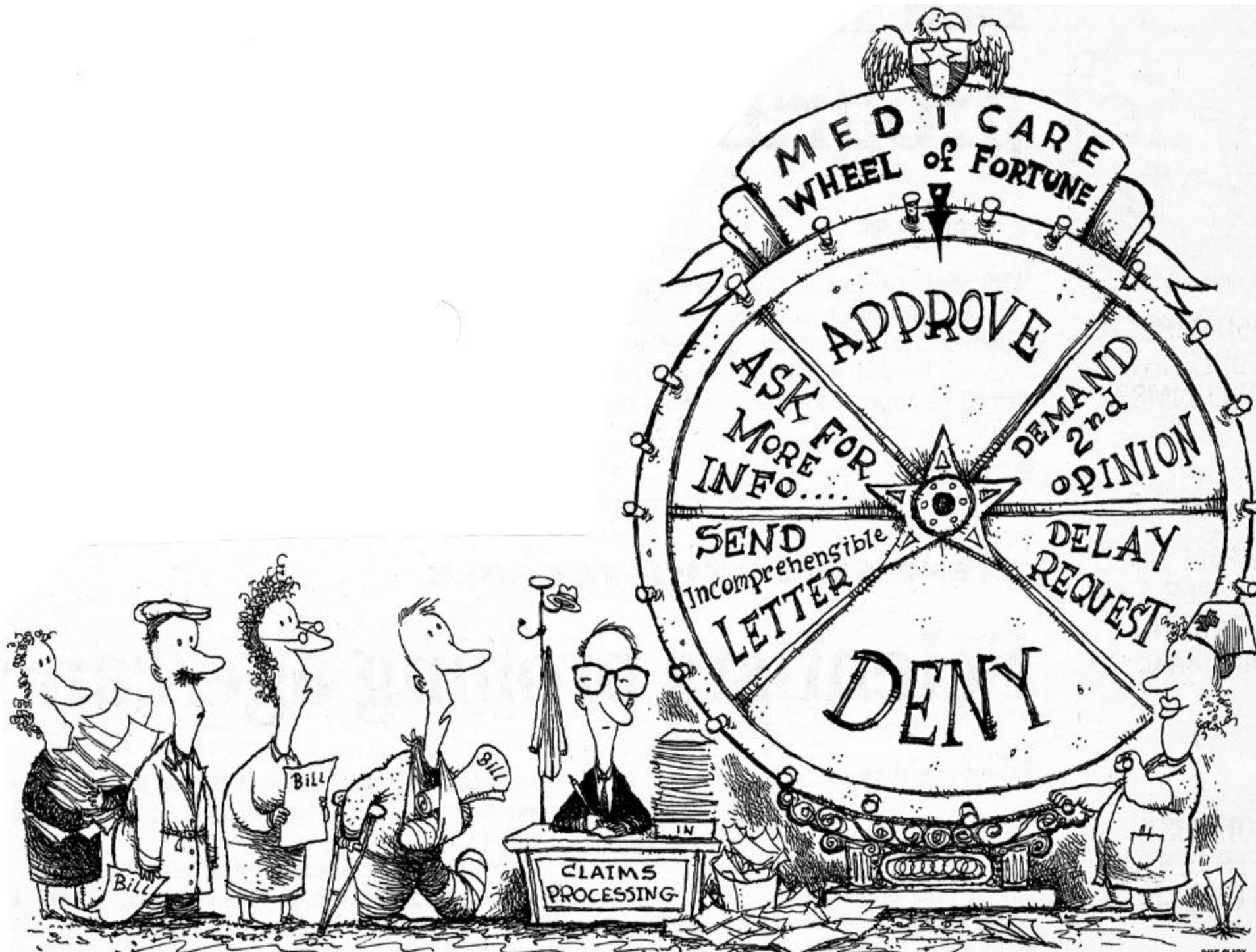
- May be more severe
- Short acting benzodiazepines preferable
- Medical comorbidities and complications
 - Pneumonia
 - Coronary disease
 - GI bleeding
 - Dehydration
 - Delirium
- Be aware of concurrent benzodiazepine, other drug use

Medical Treatment

- Naltrexone
 - Acamprosate
 - Ondansetron
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Medical Treatment

- Most effective with supportive psychotherapy
 - Most effective when the drug is taken.
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Drug-alcohol interactions

- Sedative hypnotics
 - Altered metabolism
 - CNS Depression
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Drug-alcohol interactions

- H2 blockers

- Increased blood alcohol level
 - Alcohol aggravates disease
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Drug-alcohol interactions

- NSAID's
 - Increased bleeding time
 - Erosive Gastritis
 - GI bleeding
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Drug-alcohol interactions

- Aspirin

- Increased bleeding time
 - Gastric inflammation and bleeding
 - Increased blood alcohol level
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Drug-alcohol interactions

■ Warfarin

- Altered metabolism of drug
 - Increased effect acutely
 - decreased chronically
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Drug-alcohol interactions

- Acetaminophen
 - Increased hepatic toxicity
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Summary

- Alcoholism in elderly people is very treatable
 - Often has a different presentation
 - Medical problems often complicate treatment
 - Psychiatric comorbidities are different
 - Pharmacologic treatment can be helpful
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